

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED 05-02-2007 90346 034 \*\*\*50.00  
L04000010883

DOCUMENT # L04000010883

1. Entity Name  
TTB, L.L.C.



2007 MAY 24 P 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

40098017



Principal Place of Business  
240 NORTH COLLIER BLVD., APT. D-4  
MARCO ISLAND, FL 34145

Mailing Address  
240 NORTH COLLIER BLVD., APT. D-4  
MARCO ISLAND, FL 34145

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOLD, JOHN A  
240 NORTH COLLIER BLVD., APT. D-4  
MARCO ISLAND, FL 34145

Name  
Barry Jarrett  
Street Address (P.O. Box Number is Not Acceptable)  
240 N. Collier Blvd Apt D-4  
City  
Marco Island FL Zip Code  
34145

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida: I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
MGRM  
JARRETT, BARRY  
STREET ADDRESS  
240 NORTH COLLIER BLVD., APT. D-4  
CITY- ST- ZIP  
MARCO ISLAND, FL 34145 ☐ Delete

TITLE  
NAME  
MGRM  
Jarrett, Barry  
STREET ADDRESS  
240 N. Collier Blvd, Apt D-4  
CITY- ST- ZIP  
Marco Island, FL 34145 ☒ Change ☐ Addition

TITLE  
NAME  
MGRM  
MANEY, THOMAS J. R.  
STREET ADDRESS  
92 NORTHWOOD BLVD., SUITE B-2  
CITY- ST- ZIP  
COLUMBUS, OH 43235 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
MGRM  
TRIMBLE, RITA J  
STREET ADDRESS  
4190 MAYSTAR WAY  
CITY- ST- ZIP  
HILLIARD, OH 43026 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #